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*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Having received, at the last anniversary of the American Medical Association at New York, some friendly reproofs for having of late suspended my contributions to your Journal, I send to your disposal a few discursive thoughts on the character and doings of that body, without the least pretence of rendering a full report of their proceedings.

Having been for years excused from the bustle and attrition of routine practice, and limited mostly to office business, I had considered the meetings of this national high court of medicine to be enjoyed rather through the columns of our medical periodicals and newspapers, than by seeing and hearing. But, on the morning of May 3d, I repaired to the Bleeker Street Church, and, being ineligible to membership, I complied with the suggestion of several friends and took and maintained a position where I could both see and hear. And I must say, my dear editor, those were delightful days! I had no responsibilities nor labors. Hence I could look on. And, such happy reunions! So many dear old friends and acquaintances, men who had extended the most marked courtesy and kindness to myself in my past lonely wanderings in quest of health; and from many quarters, Georgia, Louisiana, St. Louis, Philadelphia, Boston, &c. And there, too, the very men with whom I toiled twenty—thirty years ago, in New England. Aye, and dear, departed Dr. Welch, too, of Hartford, with whom I slept the last night but one of his pilgrimage! I allow you to say that he led us in family prayer only twenty-six hours before his Father called for him.

Here, too, I saw, for the first time, many of the princes of our profession. It was most cheering. Cordial, amicable was their greeting. Many saw their friends mingled among the mass of six or seven hundred, without the power of exchanging salutations. It seemed as if the whole day *should* be devoted to social enjoyments exclusively; but it was one continued scene of hard labor, earnest discussion, pithy, pointed addresses and reports, very free from gas or egotistical inflation, and pointing exclusively to the advancement of medical science.

And there appeared to be great soundness of views on the varied and multiplied topics of the meeting. There was certainly great harmony of opinion and action. I am not going to be so simple as to par-

ticularize, where wisdom seemed to abound on every side. But I will say that some of the gentlemen from Maryland and Virginia stirred up an unwonted tide of complacency and satisfaction in my heart. I wanted to say to them, what I *will* say through your types, good doctor, if your sheet should ever chance to meet their eyes, that I was particularly gratified with the treatment which quacks and outsiders received at the hands of these gentlemen and others.

Some thirteen years ago, next November, I was listening to Dr. Meigs's introductory lecture to the many hundred young men who had just assembled in Philadelphia in attendance on the then three medical schools of that city. "Young gentlemen," said he, "make it your care and effort to become *necessary*, by your superior skill and assiduity, and you will not be supplanted." This comprehensive maxim embraces the whole scheme of medical success. If not much mistaken, I saw evidence, during those three days, that our profession are mainly satisfied that all our talk about quacks, interlopers, and *our* rights and privileges, is worse than useless. How instantly does the common citizen set all this *denunciation* down to self-interest. It *did* seem, the other day, as if the medical faculty of this country had decided that the very best way of meeting the "*pathies*" is to qualify our young men and laborers in medicine, by rapidly pushing them into the secrets of successfully combating and removing disease, to "make themselves more necessary" to the community in the hour of pain and peril, than all or any pretenders. And, can't it be done? Let every lecture, every recitation, every clinique, discussion or public movement, be based upon this great and benevolent idea, and the thing is done. Why not? Are not the opposition lines manned mostly from abortions in our regular, medical schools—men who have failed in fair competition? Men, who, in a majority of instances, truckle to some popular whim, and who employ that whim to ride into employment, as men use a balloon? I may be deceived. But it is my immovable conviction that our profession is going right—north and south, east and west; and it was this conviction that made those days, just before that awful sunset, so bright and sunny to me. Why, Sir, for fifteen years, it has seemed to me that the world were delighted in persecuting and mangling our faculty, caressing novices, listening to wild plans of therapeutics, encouraging pretenders, and treating with significant buts—buts—the very men who are bound by public opinion to leave their beds at midnight to administer relief to muttering, thankless beings! And this is not all. The world, nay, editors, have begun to acknowledge that there *is some* merit due our profession for their readiness to risk all among immigrants from smallpox, scarlet fever, &c., from which so many of our numbers have been sacrificed.

But I must close. I want to name many in that assembly. I want to particularize the specimens of eloquence and business sagacity I witnessed. I want to speak of three or four men who toiled like blacksmiths, and on whose efficient arrangements such despatch attended. I will not name my old friend, Dr. Knight, nor his predecessor, Dr. Welford, of Virginia. No! But I *must* name Dr. Condie, of Philadelphia, and Dr. Joseph M. Smith, of New York. There were probably others

whose agencies were equally employed in keeping the machinery moving without creaking or entanglement; but the labors of these men seemed to me so important that I *cannot* withhold this feeble tribute of my admiration and applause.

But, farewell the happy days, and delightful, hospitable evenings, and the excursions of this great and splendid medical festival of our nation. I expect never to see another. But, during the brief remainder of my medical journey I shall not cease to be grateful and animated at the prospects of my own profession. I am quite sure our men are making such solid improvements in physic and surgery—such concentrated efforts to become skilful in removing disease and suffering, that their persecutions and wrongs are already on the wane; and the younger men will yet see *their* fraternity the *only* body of respectable practitioners; not doubting, however, that there will evermore be a certain portion of men and women who will prefer to be gulled and peeled and robbed and poisoned by unprincipled quacks and nostrum venders.

*Saratoga Springs, May 20th, 1853.*

M. L. NORTH.

#### LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

##### NUMBER V.

**EXAMINATION BY MEANS OF THE SPECULUM.**—We do not, as I have already told you, neglect the use of the speculum, as a means of diagnosis in cases of displacement of the uterus. We prefer the full speculum, or a valvular one with three or four valves, which, when open, corresponds to the full speculum. The bivalve speculum, in my opinion, cannot be usefully employed in those cases where it is specially important to know how the cervix uteri is placed relatively to the field of the instrument. These two valves, in fact, describe, in separating, an arc of a circle, the centre of which is near the vulva, and at their point of articulation—the movement which results being sufficient, if the uterus is mobile, to alter its existing direction.

The speculum should be introduced slowly, with precaution, and in the direction of the axis of the vagina. Still less than in the tactile examination should you attempt to fall directly and at once upon the cervix, or to seize it always at will; but, if you do not find it in its habitual situation, you should direct your speculum toward another point. The necessity of executing this manœuvre, which, as I have already told you, had attracted attention, without its whole import having been appreciated, is always due to a displacement.

Now, if, in such a case, you seize the neck of the uterus, it is only by having caused the organ to swing over, and it is then no longer possible for you to appreciate its real situation. You may, however, obtain a perfect appreciation of its position by proceeding in the following manner; viz., as soon as your speculum has passed the orifice of the vagina, the obturator must be withdrawn. The walls of the vagina, then, being constantly applied to each other, you will see them unfold

before the extremity of the instrument, forming, as it were, an architectural rose (rosace), the centre of which is necessarily situated in the axis of the vagina. This appearance will seem to retreat as the speculum advances, and, if you take good care constantly to maintain the centre of convergence of the vaginal walls in correspondence with the field of the instrument, you will, of necessity, keep in the axis of the vagina. By proceeding thus you will arrive at the cervix, which, in the normal position of the uterus, will not present itself directly to you; as you must recollect that the axis of the uterus is not continuous with that of the vagina, but forms with this last an obtuse angle open in front. It follows, then, that the cervix must present itself rather by its anterior than by its posterior surface, and, in fact, one sees a larger portion of the anterior than of the posterior lip. As to the external orifice, it is situated somewhat posteriorly.

Such is the normal presentation of the cervix of the uterus. When you do not find it in this position, be sure that there is a displacement. If, for example, the external orifice shows itself at the very centre of the portion of the cervix in view, the latter is displaced forward, as is the fact in certain cases of retroversion. This displacement will be more marked still if the orifice approaches near the anterior wall of the speculum.

In this last case, one sees at the outset a great extent of the posterior surface of the cervix. But if, on the contrary, you perceive a great extent of its anterior surface, and if the os externum tends to conceal itself deeply toward the posterior wall of the instrument, it is probable that you have to deal with an anteversion. I say it is probable, because in flexions the cervix no longer follows the axis of the body, and perceiving only the cervix, you cannot yet decide whether there is a version or a flexion. You see, then, that the speculum informs you of the existence of a displacement—a point of some importance—but that by itself alone it cannot enable you to distinguish exactly the species.

In the lateral displacements, the external orifice, which normally is situated in the median line, is inclined toward the side opposite to that of the displacement, and a greater or less extent of one of the lateral surfaces of the cervix can be very well seen in the field of the speculum. While examining the situation of the cervix by means of the speculum one should not neglect to note its volume and its color; also, the state of its opening, together with the existence or absence of the different alterations which it may present. As Dr. Bennet advises, the bivalve speculum is to be employed for the purpose of separating the lips of the cervix, and of examining its cavity to a certain depth. But, as you will apprehend, this can be done only in cases in which the cervix is large, and sufficiently open either in consequence of inflammation or after numerous labors.

*Examination by means of the Sound.*—We come, gentlemen, to a means of exploration of very different importance. I allude to the employment of the uterine sound. In a word, although by the "toucher" and the speculum we can collect many and useful indications, we may always with the aid of the sound arrive at a precise, rigorous,



and I had almost said mathematically exact diagnosis. Prof. Simpson, who was the first to use the instrument in a methodical manner, employed a metallic rod with a great curvature. This I have already shown you. I have also called your attention to the divisions upon it marked by alternate prominences and depressions which can be felt by the finger.

For some time past, M. Huguier has made use of a sound much less curved, which is divided into centimetres on its concave surface, and has a movable slide governed by means of a rod, passing through the handle. This slide is destined to indicate the point to which the sound has penetrated into the uterus. M. Huguier has given to this instrument the name of *hystrometer*. The sound which I use is very similar, although I have not retained the slide, the finger answering to mark the depth to which the instrument has penetrated. M. Charrière has rendered this instrument more portable, and consequently more convenient, by dividing it into two pieces which are screwed to each other. A screw entering the handle upon the side corresponding to the concave surface, serves to maintain the two portions more firmly united, and, at the same time, indicates the side on which the concave surface is, without the necessity of ascertaining it with the finger. If made of a flexible metal, its curvature can be increased or diminished at need, a property which is sometimes of use, when the uterus is in a state of retroflexion. It is owing to his having attended particularly to this species of displacement that Prof. Simpson has thought proper to give so great a curvature to his sound. Experience, nevertheless, has demonstrated to me that this exaggerated curvature is not necessary, and that a straighter sound penetrates quite as well, because, in proportion as it advances, the uterus being raised by it, accommodates itself to the direction given to it, and, so to speak, is unplaited. But, if it was too firmly united to the neighboring parts, or not sufficiently flexible to permit of replacement by this means, the instrument would be arrested at the level of the displacement, and a sound more curved than ours would enter no better, for, however extreme might be the curvature of the instrument, it would never be as great as that of the uterus itself when bent. Thus much having been said to justify our choice of the sound we prefer, let us see how it should be employed. Some make use of the speculum in introducing the sound—a means perhaps serviceable in aiding those not experienced in this little operation to penetrate the external orifice. In this case, the speculum should be withdrawn as soon as it has reached the cavity of the cervix, as, after this, it would impede the different movements which it is necessary for the sound to execute. For this reason, I prefer not to employ the speculum, and content myself with passing along the extremity of the sound upon the index finger of the left hand, previously introduced into the vagina, and having its pulp placed upon the opening of the cervix. Here, at the outset, a primary difficulty may present itself, independently of that which you might experience, if not practised in distinguishing the opening of the cervix in women who have not yet borne children. This opening may happen to be extremely small, and so contracted that the sound cannot be made to enter. Three times I have met with this insurmountable resistance

—once, in the case of a woman who had borne children but who had been frequently cauterized. Here the internal orifice was not contracted like the external os. The two other cases were of women who had not borne children, and in whom the contraction existed also at the internal orifice. In fact for one of them, who is still in our wards, it has been necessary to have a pessary made expressly, with an extremely slender stem, the ordinary stems not being capable of introduction. In such cases it is sufficient, after having introduced the speculum, to make a few scarifications with a bistoury around the opening of the cervix, when penetration is effected with facility. As to the internal orifice, we are sometimes able to pass it only after often-repeated trials.

Once within the cavity of the cervix, the sound should then be passed in the direction of the axis of the brim, provided the uterus be in its normal position; and though some resistance be encountered from the valvular folds of the mucous membrane, we must not endeavor to clear them by pushing roughly and with force, but, on the contrary, proceed gently, giving a slight motion to the sound which will enable it to pass these obstacles and to arrive at the os internum. Then, at first, quite a considerable degree of resistance may present itself in consequence of the contraction of which I have just spoken to you. After passing this point, a peculiar sensation—more or less intense, according to the idiosyncrasy of the patient, is always aroused, so that if the sound is small, and the os internum sufficiently large, the instrument may pass from the cavity of the cervix into that of the body without your experiencing the feeling of resistance which informs you of the moment when this passage takes place. You will always, however, be warned of the moment of passing the internal os by the sensibility of that sphincter, since the cervix being in all cases nearly insensible, and its internal orifice being endowed with very great sensibility, there is produced, even in those who suffer least from the introduction of the sound, a disagreeable sensation which the patient will ordinarily mention, and the knowledge of which will never escape you, provided you give sufficient attention to the matter. In some patients there is quite severe pain with slight griping sensations, similar to those produced by contractions of the uterus, since the woman complains of suffering as from the slight pains which announce the approach of labor. Once in the cavity of the body, the sensibility ceases, to re-appear the moment the sound touches the fundus of the uterus, and gives rise to that peculiar pain which, according to the expression of the patients, “goes to their hearts.” It is easy also to assure ourselves that the walls of the cavity of the body are everywhere sensible by touching them with the end of the sound; and, if, after having cleared the internal orifice, this sensibility appears to cease, it is because the sound glides gently between these walls. When the sound penetrates more easily into the body of the uterus, it is felt to be more free and to be moved about more easily.

If you should experience a more considerable resistance from the walls themselves of the uterus, before arriving at the fundus of the organ, it is because there is a displacement, and then, in place of pushing on in the normal direction, you should incline the end of the sound in

the direction toward which a tactile examination may lead you to suppose that this displacement exists. If there was a retroflexion, for example, the concavity should be directed backward instead of forward, and the sound should be made to describe a circle passing through the handle, and having its centre in the extremity, which, consequently, would revolve upon itself alone. If the handle were made to rotate upon itself, the extremity would have to describe a large arc of a circle—a movement which could not be effected without pain, nor without injury, as the walls of the uterus would be in consequence necessarily contused.

The sound having thus taken the direction of the canal into which it is to penetrate, the uterus becomes righted as the instrument is introduced, in such a manner that the retroflexion, which I have taken for an example, is transformed into a retroversion, on the arrival of the sound at the fundus.

The sound once introduced, the displaced organ should be brought into its normal position. In order to do this, we should always act with gentleness, giving to the sound a movement the reverse of that by which it is introduced. In order to judge approximatively as to whether the sound has reached the fundus of the uterus, I have placed at the distance of six and a quarter centimetres (a length which represents the normal depth of this organ) from the extremity of the instrument, a depression which can be felt by the finger, without the necessity of withdrawing it. So long as the sound has not penetrated to this point, there is reason to think, if an obstacle presents itself, that it is not the fundus of the uterus, and, accordingly, we may endeavor to overcome it, whilst if the point in question has been passed, it is not prudent to attempt any further progress.

I ascertain the depth of the uterus, by retaining, while I withdraw the sound, the index finger of the left hand upon the point which corresponds to the external orifice, and thus supply the place of the slide of M. Huguier. It is important, indeed, to know the exact depth of the uterus, if it is wished to apply the intra-uterine pessary, in order to make the stem of a length a little less than this depth.

As to the length of the cervix, this may be recognized by noting the peculiar sensation which patients experience, and the resistance which exists at the internal orifice. We have only to withdraw the instrument when it reaches this point.

I must repeat an injunction which I have already given you, but which is important in practice, never to persist in efforts to introduce the sound, if you meet with too great resistance. It is better to desist, and then to renew your attempts, two, three, or even four times, than to seek to penetrate by main force; for you may, by taking the latter course, cause injury, or at least pain sufficiently severe to disgust patients at the outset with a mode of treatment which must necessarily be quite protracted.

I would secure your attention further to the importance of *combining the tactile examination of the uterus, with the exploration by means of the sound.* The finger introduced into the vagina to guide the instru-

ment, explores the cervix, estimates the thickness of its walls, recognizes certain sinuities in its course, which would otherwise remain unknown (the sound meanwhile retaining the organ fixed), and judges as to whether any tumors exist in the neighborhood, and especially whether or not these remain stationary, when the uterus is moved. Prof. Simpson thinks, that in cases of retroflexion, we should endeavor to feel the end of the sound at the moment when it reaches the tumor formed by the uterus behind the cervix. For my part, I have never been able to feel it, even when employing sounds curved as much as those of Prof. Simpson, the inability to do so being explained by the righting of the uterus by the sound itself, in the manner I have explained to you. In these cases, in fact, the uterus is no longer felt in the same place, the introduction of the sound having had the effect to raise it, even before we have given to the instrument the movement intended to bring the organ into its normal situation.

The movements given to the uterus by means of the sound, will permit you to appreciate the rigidity or the suppleness of the surrounding tissues, and any adhesions the organ may have contracted with them. As soon as you have brought the body of the womb into its normal position, relatively to the cervix, you will proceed slowly, and without violence, as by attempting to replace it roughly, you would expose yourself to the danger of causing ruptures or strains which would be followed by formidable inflammations.

While withdrawing the sound, it is well to push back the cervix with the finger, in order to maintain it, as long as possible, in the direction which has been given to it.

Now, gentlemen, the different means of exploration of which we are in the habit of making use being known, we proceed to consider the information to be obtained by them in each particular species of displacement. This we shall do, while giving the description of each by itself—a task which we shall undertake at once, commencing with anteversion.

#### BORING THE CRANIUM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In support of the conclusions arrived at, from experiments upon the "gallinaceous tribe," by your correspondent, Dr. H. A. Ramsay, with reference to the operation of trephining in apoplexy and inflammation of the brain, I offer the following remarks upon the subject, from an ancient and forgotten work. After bringing forward, in long and formidable array, the remedies of the time—as issues, ligatures, frictions, suppositories, and scarifications—the author continues, "Tis not amiss to bore the skull and let out the fuliginous vapours, because this humour hardly yields to other physic, and the head bored in two or three places avails much to the exhalation of the vapours. I saw a man with brain disease at Rome, that by no remedies could be healed, but when by chance he was wounded in the head and his skull broken, he was excel-

lently cured. Another, breaking his head with a fall from on high, was instantly recovered of his disease."

The matter is at least worthy of the serious consideration of the brotherhood, which I trust it will receive.

Yours, J. STRADLEY.

Frederica, Del., May, 1853.

# OBITUARY OF DR. A. WELCH.

[Communicated for the Boston Medical and Surgical Journal.]

AMONG the many physicians whose lives were so suddenly terminated by the distressing railway disaster at Norwalk, Conn., the death of none can be more deeply lamented than that of the late Dr. Archibald Welch, of Hartford. Dr. W. was son of the Rev. Moses C. Welch, one of the most distinguished divines in New England, and was born in Mansfield, Conn. He practised medicine for many years in his native town, then removed to Wethersfield, and afterwards to Hartford. He was elected a member of the State Legislature in the two former towns, was for many years President of the State Medical Society, was one of the Medical Examiners at Yale College, and held many other important offices of trust. As a friend, he was constant and sincere, noble in his aims, clear in his views, and held a high rank in his profession. He was greatly endeared to his patients by his kind and tender sympathies—and a large circle of warm friends now greatly mourn his departure from earth. When we consider his noble qualities, we feel that his place cannot be easily filled. But now his usefulness, his toils and hardships, are ended. No more can he stand around the beds of the sick and administer to their many wants. No more can he soothe or cheer the dying sufferer, or comfort the afflicted; for in that world where we trust he has entered, there are no sorrows to assuage, no sufferings to alleviate.

Mansfield, Ct., May, 1853.

W. H. RICHARDSON.

## DR. MILLER ON THE REMOVAL OF THE DENTAL PULP.

[Concluded from page 337.]

THIS being the current physiological doctrine of the day, it will be seen that the vitality of the teeth is sustained, and their connection with the general system preserved, by means of nerves and bloodvessels which enter their bony substance through the agency of both their inner and outer membranes; and when, from any cause, the inner membrane is destroyed, their vitality and functions are dependent on the nervous and vascular communications kept up through the medium of the periosteum alone. Suppose the case reversed, and the tooth correspondingly denuded of its periosteum, how firm and how long would it be retained in its socket? It would become an isolated organ—a foreign body at once, having no sympathy or connection with the general system. It is evident, then, that a tooth is *more* dependent for its connection with the

animal economy on its *periosteum*, than on the highly nervous and vascular membrane which lines its internal cavity.

In support of this theory, is the long-established practice, well known to the profession and the public, of *mechanically* destroying the nerve previous to setting a tooth upon the root, and of *chemically* destroying it prior to filling teeth. Although failures have been frequent, yet a sufficient degree of success has attended cases of this sort to warrant a continuance of the practice by the dental profession generally, to a considerable extent.\* The same principle is applicable to any other branch of medicine, and to diseases in general. In selecting the following cases for illustration, it is proper to state that they were more successful than the average—that the success of an operation, however well executed, is greatly owing to the general health and habits of the patient—in these cases more so than to the skill of the operator.

Nearly two years ago I removed the roots of the superior incisor and canine teeth, with a view to a full denture, upon each of which I had engrafted an artificial crown about fourteen years previous. Each root sustained its respective crown during the *whole* of that time, and was tolerably firm in the jaw at the time of extraction, although nearly *all* of the other teeth in *both* jaws had been removed by absorption. Two, out of the six, remained during the whole period without being re-set. In February last, a case came under my observation, in which one of the older dentists of Boston inserted an artificial crown, made from a human tooth, more than nineteen years ago. The crown was considerably decayed, but the root was in a condition to last several years longer, being nearly or quite sound. It was supplied with another (mineral) crown. Now, if the destruction of the dental pulp causes an *immediate* loss of life, by what means, in the cases referred to, were the teeth retained in a healthy condition so long after the operation, except through the medium of their investing membrane?

March 2, 1839, I removed the superior left second molar tooth for S—E—, aged 26 years. After the removal, the enamel not being marred, I remarked that it seemed too good to be lost, which induced him to ask if it could not be filled and re-placed. I replied it could, and mentioned the experiments of John Hunter, in transplanting teeth; saying, at the same time, it was not good practice. At his request, I filled the tooth (with tin foil) on its posterior approximal surface, taking care to cover the roots with a silk handkerchief to prevent contact with perspiration from the fingers, and returned it to its socket. In two or three months after the operation, the soreness passed off. On the 14th ult. (April, 1853) I had occasion to fill the same tooth in another place. It was firm in the jaw, and the parts about it in a healthy state, having remained so without interruption. The filling is still good. This patient's teeth have been examined frequently, during the interim, and operated on somewhat extensively, thus affording ample opportunities for critical observations.

\* The loss of teeth from the use of chemical agents has been greatly diminished by Dr. Flagg, of Boston, who in 1847 published an article on a course of practice which he had been pursuing for two years previous, differing from the one now exciting attention, in *principle* mainly—the *modus operandi* being similar.

A few years after, I tried a similar experiment on one of my own teeth—an inferior incisor—which became firm, shortly after the operation, and proved a useful member several years. Having a constitutional tendency to absorption of the gum and alveoli, it eventually loosened, in common with others not affected by caries, was extracted a second time, and required as much force to remove it as the other teeth.

These experiments are not referred to for the purpose of recommending them, but to illustrate the theory under consideration.

There is one other physiological fact in confirmation of this doctrine. The dental nerves of elderly people frequently become absorbed, and their canals filled with a bony deposit. The same thing occurs in the teeth of middle-aged persons, in which the action of the absorbents and exhalants is increased by irritation produced by the close proximity of the nerves to the abraded surfaces—also in the teeth of cattle. Now, in cases of this sort, where there has been no surgical operation whatever—no destruction of the central ganglion, either by mechanical means, chemical agents or ulceration, but by *absorption*, and the teeth remain firm and healthy years afterwards—do they *immediately* lose their vitality, and nature soon make effort to remove them? As the dental nerves diminish in size, as age advances, there is good reason to believe that they are *entirely* absorbed oftener than we are aware of. Is a theory in medicine or surgery to be discarded because the practice founded upon it may not always be successful? If so, what theory would not fall under condemnation? What treatment, for whatever disease, has not sometimes failed? The *causes* of failure are oftener owing to circumstances not under the control of the physician or surgeon, than theory.

Enough has been said to show that the removal of the dental pulp is not based on a new or impracticable theory; the method of doing it is all that is novel. Nor is it a new discovery that a tooth, from which it has been removed, is not sensible to impressions from heat and cold. Although I do not recommend for general practice, to sever the nerve, and remove the pulp, or to amputate and allow it to remain, for reasons previously given, yet the practicability of these operations has been established by successful experiments on the single and bicuspid teeth, and, I should have no doubt of an equally good effect on the molar teeth, but for their being more difficult of access and having a greater number of roots, with corresponding nerves, which always embarrass, more or less, any means of cure for this class of teeth. Amputation of the fore-arm and shoulder are both practicable, yet one is vastly more complicated and hazardous than the other. And so it may be said of many other operations, that are not abandoned because of an occasional failure.

From the tenor of Dr. Frisselle's article, he appears to be under a wrong impression, in that he makes no distinction between my early experiments and the operation to which they were the stepping stone. They were successful beyond expectation; but, for general use, gave way to improvements. Those experiments eventuated in *rhizodontorhiza-nurha-maxis*—the operation of drilling the root of a tooth, either *through* the



gum or under its margin, to the nerve, "wounding it as little as possible,"\* so as not to impair its vitality or function, but to open its vessels and relieve them from the increased pressure of blood consequent upon irritation excited by operating on the diseased organ. "*Ubi irritatio ibi fluxus.*" This operation, with few exceptions, I had practised more than two years before the subject was introduced to the profession through the pages of this Journal. Owing to the smallness of the nerve, occasionally, it is nearly impossible to puncture, without cutting it off; therefore great caution should be used.

In reply to the doctor's criticism on the anatomy of the teeth, I have to say, the "exceptions," which he admits, were what I wished to provide for in commencing a new series of experiments. I have a large number of bicuspid teeth with two nerves, and several with three—two recently extracted from the under jaw. The nerves of the bicuspid teeth are somewhat flattened, usually more so in the superior than inferior; and in those that have two nerves, the bifurcations commence at different distances from their necks. Knowing such to be the fact, and not feeling certain as to results, in my third and fourth operations, which were on the bicuspid teeth, the drill was introduced further from the margin of the gum than when operating on the single teeth, in order to accomplish what I then considered necessary, viz., amputation of the nerve. The reasons, both physiologic and pathologic, which induced me to consider the subject, were occasional failures in the employment of other modes of practice, in common use, as stated in a former number. Nor did I expect entire success in this. The theory was founded on well-known principles in surgery. When the edges of a wound are placed in apposition and properly dressed, inflammation follows, causing an effusion of fibrin which forms the bond of union. Within a few days after the parts become united, the new structure is organized with bloodvessels, nerves and absorbents, which restore the circulation and nervous communication. In *tenotomy*, for club foot, &c. after the tendon is cut, the parts are separated and retained in position until new tendinous matter is deposited sufficient to re-establish the communication. The *farrier* is familiar with this fact, and adapts his treatment to the end to be accomplished. Relying on the recuperative power of the animal economy, it occurred that the principle was applicable as well to nerves as tendons, and that a dental nerve might be divided and reunite, and the nervous and vascular communications be re-established as in other wounds. Knowing that punctured wounds are considered among the more dangerous, being liable to produce tetanus, I did not venture to puncture the nerve, merely, until it occurred that amputation could not be applied to the molar teeth having three or more roots, and as many nerves, and that the dental nerves had not only been punctured through the carious cavity, often, but crushed for the purpose of setting teeth, without serious consequences; also that they are not nerves of motion, but of sensation, being derived from the sensitive portion of the fifth pair; therefore, a puncture might not be attended with

\* From the original manuscript containing a description of the operation, dated Oct. 12th, 1850.

the same consequences as in a motor nerve.\* I am not aware that tetanus has ever occurred from wounds inflicted on the dental nerves, although they have been subjected to severe treatment, oftener, perhaps, than any other class. Whether, if it has not, it be owing to their being sensitive instead of motor nerves, is mere conjecture. These speculations induced me to try the puncture, which I found a safe substitute for amputation. They are not mentioned, however, as having foundation in philosophy, but as being incidental upon entering a new field of investigation.

S. P. MILLER.

Worcester, Mass., May 12th, 1853.

### RAIL-ROAD MURDERS.

[Communicated for the Boston Medical and Surgical Journal.]

THE late most shocking disaster at Norwalk, has excited in the public mind a degree of indignation that is somewhat proportionate to the criminality that should attach to those who were the immediate agents in producing it. For several years, accidents, or rather, acts of this kind, have been becoming more and more frequent; the public have felt keenly, have sympathized sincerely, and have given strong expressions of the deep indignation entertained against those who were the cause—but, after all, no change for the better has been brought about. At this juncture, is it enough for us to say, “something must be done,” and then let the subject go to a speedy oblivion? Have we no more sense of the value of human life than to say, by such a course, we do not regard it as a sacred thing? If an individual is found guilty of a *single* murder, he is pursued by the community till a full expiation of his crime to the law of the land is obtained. But if a wretch, in the employ of a great and rich corporation, through the improper use of intoxicating liquor, a stupid indifference, or spirit of recklessness which characterizes too many of our rail-road employees, consigns to the grave scores of the most valuable lives in the community, *he may be turned out of employment*, receive a few epithets from the newspaper vocabulary, which have about as much effect upon him as the pattering of so many drops of rain on the back of a *goose*, and then be re-instated in business. It is clear that more stringent laws are called for in relation to the management of rail roads, as well as for the speedy punishment of those persons who are culpably negligent in carrying out the regulations which are, and may be, established by rail-road corporations. These things being so, it is necessary for somebody to move in the business; and who can more appropriately make the move, than the medical profession? As conservators of the physical well-being of the public, it seems fit that they should lead off in a work, the accomplishment of which is so loudly called for, by the frequent and awful accounts of the destruction of human life and health which are brought to our notice. And, above all inducements for action on the part of our profession in

\* The fifth is the only pair of encephalic nerves having two roots; it is, therefore, a nerve both of sensation and motion, on which account Sir Charles Bell classed it with the spinal nerves.

relation to this subject, is the one arising from the fact that some ten of its most valuable members have been sacrificed by the late disaster at Norwalk.

It appears to me that the "sons of thunder," as well as the "sons of consolation," in the medical ranks, should pour a "living stream of eloquence, argument and fact" into the public ear, and also through the medium of the press, that powerful engine in its sphere, clearly present some of the more startling truths and fearful facts which have become *fixed* in regard to this subject, till a rational public sentiment is established, and the servants of the people, whose duty it is to make laws for the good of the community, shall be forced to an action more consonant with the acknowledged principles of humanity. When railroading was in its infancy in this country, managers were restrained by the general apprehension and fear that existed in the public mind in regard to them. But long familiarity with them has blunted the sense of danger with which they are always attended. We are hurried on, from one fearful disaster to another, without being benefited by the awful lessons which they should teach us. It is undoubtedly true, that instead of being more cautious, managers are more careless by experience. Instead of a diminution of the loss of life, it is fearfully on the increase. In the State of New York alone, the annual deaths by rail roads amount to more than three hundred.

But I did not intend, when I commenced this communication, to do much more than express the opinion that physicians should take hold of this subject and pursue it till the object is accomplished, hoping that some of your *able* correspondents will show it up in the light of all the facts that exist in relation to it.

MEDICUS.

*E. Livermore, Me., May 23d, 1853.*

#### MEMOIR OF THE LATE DR. SAVARY.

(Communicated for the Boston Medical and Surgical Journal.)

PHINEAS SAVARY, the subject of this brief memoir, was born at Wareham, Mass., A.D. 1800. After being graduated at Brown University, and pursuing the usual studies, he took the degree of Doctor of Medicine, and commenced practising as a physician in Attleborough, twenty-six years ago. Dr. Savary's sound professional acquirements, suavity of manner, and real kindness of heart, soon gained for him an extensive circle of practice and a warmth of friendship which remained unimpaired to the time of his death. A long continuance in the same community, extending over more than a quarter of a century; his self-denying faithfulness in the discharge of every duty; and his high moral worth, gave him a place in the general estimation, which few men ever attain. To be in need was a sufficient claim upon his services, irrespective of condition; and his attendance upon the sick was uninfluenced by motives of personal interest or emolument. Prodigal in the expenditure of time and ease for the benefit of his patients, no effort was too much, and no sacrifice of personal convenience too great, to enable him to minister to their

wants or relieve distress. Benevolence was ever a prominent trait. Multitudes can bear witness to the consolation of his presence. A cheerful temperament enabled him to inspire hope and encouragement, and induce that frame of mind most favorable for the restoration of health.

Dr. Savary had never taken a part in the discussion of the prominent topics of the day, nor in the field of politics. Yet his intellectual capacity, and practical good sense, united with a bearing dignified and conciliatory, eminently fitted him for the active duties of public life. The especial sphere of his labor was clinical practice. In the sick-room he was unrivalled. His fine tact and sympathy admirably fitted him for the duties of the obstetrician, in which department his services and skill were widely sought and appreciated.

As a citizen, no man was more esteemed. The cause of education and the interest of the common schools were objects of his sedulous care. He maintained his character as a student, and kept himself informed of the modern advances in medical science. The Latin classics were his delight, and with them he preserved a constant familiarity.

He was emphatically a man who exemplified the religion which he professed. Prompt and conscientious in the performance of every duty, his influence was ever on the side of virtue and charity. His moral character colored his whole life and intercourse. No temporizing policy of self-interest ever tempted him to resort to questionable expedients. His unvarying rectitude never subjected him to distrust, and no one ever doubted the integrity of his opinion. He was a shining illustration of the language of Lamartine—"Un médecin doit être bon ; c'est plus de la moitié de son génie." And again, the words of the same writer are appropriate—"La science de médecine n'a que des axiomes ; son cœur a des divinations. La volonté de soulager est par elle-même une puissance qui soulage." It may be said of him he had not an enemy ; and no man in private life has left a larger circle of sincere mourners. The memory of the "beloved physician" will long be preserved.

Dr. Savary died on the 19th inst. from apoplexy. Many months since he suffered a light attack, attended by slight muscular paralysis. This was apparently recovered from, and at the expiration of a few weeks his ordinary business was resumed. Ten days before his death there was a recurrence of the apoplectic symptoms, accompanied by complete hemiplegia. He had retired for the night in usual health, after spending a cheerful evening at home ; and within an hour or two fell into the apoplectic condition from which he never recovered. The loss of power on the left side was sudden and complete, consciousness was impaired, and speech difficult and incoherent. The power of deglutition likewise suffered ; respiration was stertorous and involuntary. Complete anæsthesia prevailed over one half the body.

Under one order of classification, cases commencing in this manner are termed paralytic, rather than apoplectic. Yet as serous effusion or cerebral hemorrhage is always found, and more commonly sanguineous extravasation prevails, there seems to be no inaccuracy in including the affection under the generic name of apoplexy. The facial muscles of the left side, to which the ramuli of the portio dura of the 7th pair

of nerves are distributed, lost their tonicity and became relaxed, thereby permitting the symmetrical muscles of the other side to draw the centre of the face across the median line. The condition of the temporal and masseter muscles was not observed, but the entire anæsthesia of the left side of the face, renders it probable that as the lesion was within the cranium and farther back than the origin of the 5th pair, the muscles to which the anterior root of the 5th is distributed, partook of the loss of function.

Breathing became more and more difficult, and the lungs were clogged with mucus. The countenance was turgid and discolored by the imperfectly arterialized blood. During the last days there was excessive vascular action, and death resulted finally from the combined effects of coma and asthenia.

The involuntary muscles which appertain to the function of organic life, and never acknowledge the direction of the will, are not necessarily dependent upon any influence derived from the nervous centres; and though they might continue to act if a due supply of arterial blood were kept up, even in the absence of a brain, still experiment has shown that the readiest way to affect the heart and other involuntary muscles through the nervous system, is to act upon a large portion of that system at once. The marked affection of the involuntary muscles in this case seems to imply that the cerebral lesion was extensive and severe. The intensity of the other symptoms likewise indicates the probability of a considerable cranial hemorrhage and laceration of the structure of the brain.

Treatment *secundum artem* was adopted, under the direction of experienced advisers. "*Nil prosunt artes; erat immedicabile vulnus.*"

Paracentesis capitis has lately been proposed as an *ultimum remedium* in apoplexy. Autopsies have revealed, that there is almost always a communication formed between the original cavity and the ventricles, or with the surface of the brain. When the effused blood lies beneath the membranes, the trephine may give it issue; or even if the clot is in or near the corpora striata or optic thalami, where it not infrequently is found, removal of a portion of the cranial parietes may abate the pressure from within and afford a chance for restoration.

E. S.

Attleborough, May 24th, 1853.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 1, 1853.

*Massachusetts Medical Society Anniversary.*—On Wednesday last there was a grand gathering of the members of the Society, in the forenoon at the Lowell Institute Hall, and in the afternoon at Faneuil Hall. At the meeting in the forenoon, the subject of homœopathy was referred to the Council, to report next year. It may be considered, therefore, as consigned to the tomb of the Capulets. Dr. Jackson's discourse on Morbid Anatomy, was a good one, and was listened to with much attention. The

dinner at Faneuil Hall passed off with much satisfaction. The Chairman exhibited a happy tact at drawing out speakers, and some excellent sentiments were offered. A general expression of satisfaction was observed in regard to the speech of the Rev. Dr. Blagden. Dr. Hayward, who the day before was re-elected President, made some able and appropriate observations, which will soon appear in the Journal. On Thursday there was an adjourned session. But little business was transacted, however, besides voting the publication of a catalogue of the fellows, to accompany the transactions of the Society, soon to appear. In 1854, the anniversary meeting is to be held at Fitchburg—an enterprising, beautiful town, about forty miles from Boston, and which probably is to be the next city chartered in Massachusetts.

*Association of Medical Superintendents of Hospitals and other Establishments for the Insane.*—This Society held its annual meeting in Baltimore, on Tuesday, the 10th ult., and continued its sessions through the three succeeding days. It was a large meeting. There were twenty members present, having the care of nineteen Lunatic Hospitals, and one in similar private practice, in eleven different States. They were—Dr. Luther V. Bell (President), Somerville; Dr. Clement A. Walker, Boston; and Dr. Edward Jarvis, Dorchester, Massachusetts. Dr. John W. Tyler, Concord, N. H. Dr. Isaac Ray, Providence, R. I. Dr. N. D. Benedict, Utica; Dr. D. T. Brown, Bloomingdale; and Dr. Francis Bulloch, Flushing, New York. Dr. Horace A. Buttolph, Trenton, N. J. Dr. Stewart, and Dr. Thomas S. Kirkbride, of Philadelphia; Dr. Joshua Worthington, Frankford; and Dr. John Curwen, Harrisburgh, Pa. Dr. John Forderden, and Dr. William Stokes, Baltimore, Md. Dr. Charles Nichols, Washington, D. C. Dr. Francis Stribling, Staunton, Va. Dr. Elijah Kendrick, Columbus, Ohio. Dr. Richard J. Patterson, Indianapolis, Ia. Dr. Turner R. H. Smith, Fulton, Mo.

This is truly a working Association. Their meetings have been held for several years in various parts of the country, and always well attended. The members prepare dissertations upon subjects previously designated by the president, or selected by themselves. These are read at the meetings, and followed by full and free discussions upon their several subjects in all their bearings.

At the last meeting, Dr. Kirkbride read a paper on the employment and duties of night watchers, and the best management of hospitals, for their security, during the hours of sleeping. Dr. K. read another paper upon the appointment of trustees, superintendents, and all other officers and assistants in hospitals, and their mutual relations and several duties. This article has a general as well as a special interest, and should, and probably will, be so published, that the world may see it. Its great object was to so arrange the government in all its branches, from the highest to the lowest, that each should perform its duty for the best good of the patients, and each should discharge its responsibility without conflicting with others. Dr. Bell read a very able article upon the position, duties and responsibilities of medical witnesses, in regard to cases of lunacy, real or supposed, which are brought before the courts of law. Dr. Stokes read a paper upon the propriety of establishing boards of experts in lunacy, who should examine into, and testify concerning, doubtful cases, subject to the adjudication of courts. A paper was presented from Dr. John M. Galt, of Williamsburgh (Virginia), Eastern Asylum, on the social relation of the

patients in hospitals in regard to their friends and the world. Dr. Ray read a dissertation describing some anomalous forms of mental disease. Dr. Jarvis read a paper on the effect of excessive and perverse or wrong uses of the brain in producing insanity. He showed the connection of the mind with its physical organ in health and in disease, and then the analogy of the effects of over action, wrong action, or the misapplication of the powers of the brain upon the mind, with the effect of excessive or perverted use of the stomach upon digestion. In both, the functions are disturbed or impaired; and in the one case dyspepsia, and in the other insanity or imbecility, is the result.

Several other papers were read, all of great value and interest to those who are especially engaged in the care of the insane, and all were discussed with careful attention to their merits and their bearings. Most of these will probably be printed in the *Journal of Insanity*.

While the Association was at Baltimore, they received much hospitality from the citizens of the town who are engaged in the management of the Lunatic Hospitals. They visited and minutely examined the Maryland Hospital, the St. Vincent's Asylum, and the site for the new hospital which is to be built about five miles out of the city. They also went to Washington, and visited the site selected for the new national hospital for the army and navy and the District of Columbia.—After a very laborious and agreeable session of four days, and a happy visit at the South, they adjourned on Friday, to meet next year at Washington. It is to be hoped, that, at the next meeting, more of our Southern brethren will be present.

Besides the nineteen physicians present at the last meeting, there are others who are engaged in the same pursuits, and who are considered as members of the association; viz., Dr. John M. Galt, of the Eastern Asylum, Williamsburgh, Va.; Dr. James Parker, Columbia, S. C.; Dr. Thomas F. Green, Milledgeville, Geo.; Dr. Preston Pond, Jackson, La.; Dr. Boyd M'Nairy, Nashville, Tenn.; Dr. John R. Allen, Lexington, Ky.; Dr. James Higgins, Jacksonville, Ill.; Dr. M. H. Ranney, New York, N. Y.; Dr. John S. Butler, Hartford, Ct.; Dr. George Chandler, Worcester, Mass.; Dr. Wm. H. Rockwell, Brattleboro', Vt.; Dr. Henry M. Harlow, Augusta, Me. All of these have charge of public hospitals. Dr. Edward Mead, of Cincinnati, O.; Dr. Nehemiah Cutter, of Pepperell, Mass.; Dr. H. T. Buel, Flushing, N. Y.; have the care of private asylums. Drs. Fremont and Mauran have the charge of Beaufort Asylum, near Quebec, Canada; and Dr. Douglas of the Provincial Asylum, St. John, N. B. All of these establishments, except that of Louisiana, have been represented at some of the meetings of the Association, which may be said thus to include all those engaged in the care of the insane in the United States.

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*American Medical Association.*—Our thanks are due to the Editor of the *New York Medical Times* for a full report of the proceedings of the Association at the late meeting in New York. It makes a pamphlet of 18 pages, and appears to have been prepared with much care. We shall copy from it a list of the chairmen of the various Special Committees, as soon as we can find space. We also notice a full report in the *New Jersey Medical Reporter*, comprising about twenty pages of the last number of that monthly journal.



*Anatomical Depot.*—Not unfrequently the inquiry is made, where skeletons and anatomical preparations can be purchased. Dr. Codman, in Tremont Row, Boston, has commenced importing disarticulated crania, skeletons, and some of almost everything a medical student or minute demonstrator might require. This will be a great convenience to the profession generally. In addition to these articles, instruments without number, of the most approved patterns, from celebrated manufacturers, are on sale, and will prove a convenience to medical strangers. Dr. Codman was educated a physician, and therefore understands precisely the proper shape and quality of surgical cutlery, dental apparatus, &c.

*Action of Medicines.*—A diversity of opinion exists in regard to the manner in which the system is acted upon by medicines introduced into the stomach. Nothing short of positive demonstration, therefore, is entitled to much consideration. There seems to be no end to theoretical suggestions on this point, but something certain is wanted, and when a fact has been positively established, it should be made known as a guide in future efforts at medication. The London Medical Society awarded the Fothergillian prize, in 1852, to Frederick William Headland, B.A., for an able work on this subject, which bears the title of "The Action of Medicines in the System." It has been re-printed in this country, and is fresh from the press of Messrs. Lindsay & Blakiston, Philadelphia, comprising 56 pages octavo, is well printed, and reasonable in price. The chapters in the book relate to the more important classifications of medicines; the general modes of their action; and some of the more important medicines in particular. A succession of propositions are ably discussed, illustrated by reference to various sources of information of the highest scientific worth.

*Medical Miscellany.*—Dr. Marshall Hall, in his tour westward, spent a week in Cincinnati. The Western Lancet thinks he is inclined to make the United States his future home.—Drs. Warren of Boston, and Mott of New York, have been elected members of the French Academy of Medicine.—Dr. Wm. B. Rogers has resigned the chair of Natural Philosophy, and Dr. Lawrence Smith that of Materia Medica and Chemistry, in the University of Virginia.—M. Dubois has been appointed accoucheur to the Empress of the French.

TO CORRESPONDENTS.—Papers on the Treatment of Hemorrhage after Extraction of a Tooth, and on the Treatment of Scarlet and Typhoid Fevers, have been received.

MARRIED.—At Quebec, Dr. Wm. A. Sassamille to Miss Kate Boxer.

DIED.—At Brooklyn, N. Y., Charles D. Rossiter, M.D., 27.—In Albany, N. Y., Lewis C. Beck, M.D.—At Dubuque, Iowa, Dr. George W. Richards.—At Lempster, N. H., Dr. Truman Abell, 74; for many years author of the New England Farmer's Almanac, and the writer of various articles in former volumes of this Journal.

*Deaths in Boston for the week ending Saturday noon, May 28th, 79.* Males, 38—females, 41. Accidental, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the brain, 2—consumption, 17—croup, 2—dysentery, 2—dropsy, 1—dropsy in head, 4—infantile, 4—puerperal, 1—erysipelas, 1—fever, 3—typhus fever, 1—typhoid fever, 3—scarlet fever, 4—gravel, 1—hooping cough, 2—disease of heart, 3—intemperance, 1—laryngitis, 1—inflammation of the lungs, 7—marasmus, 3—measles, 3—old age, 3—palsy, 1—pleurisy, 2—scrofula, 2—teething, 2—thrush, 1.

Under 5 years, 34—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 7—over 60 years, 10. Born in the United States, 53—Ireland, 19—England, 2—British Provinces, 5. The above includes 12 deaths in the city institutions.

*The Memory of the Deceased Physicians.*—At the annual meeting of the Massachusetts Medical Society, held in this city May 25, 1853, the following Resolutions, presented by Dr. John Ware, of Boston, were unanimously adopted.

*Whereas*, It has happened, as one of the results of the late appalling calamity, which has cast a gloom over the whole community, and plunged many families into the deepest affliction, that several members of our profession, some of them our own honored associates, and some, of distinguished character from our sister states, have perished by a sudden and dreadful death, whilst others have barely escaped the same untimely fate, we, the Fellows of the Massachusetts Medical Society, assembled in annual meeting, in order to give expression to the sentiments which this occasion has excited, do unanimously resolve—

That, while, in common with all our fellow citizens, we have been deeply affected by this recent dispensation of Divine Providence, our attention is at this time especially called to the loss which this Society and the profession of medicine have sustained in the death of men not only eminent as physicians, but personally honored and beloved in the communities to which they belonged.

That we cannot but feel that this event has cast a shade of sadness and solemnity over this usually cheerful and happy anniversary.

That to those communities, which have been thus deprived of the medical advisers on whose skill and humanity they have been accustomed to rely in times of suffering and danger, we tender the expression of our profound regret.

That we offer to the families and friends of our deceased associates the assurance of our heartfelt sympathy in their affliction, and of the high respect in which we hold the character, and shall cherish the memory, of those who have been thus suddenly taken from them.

GEORGE HAYWARD, *President*.

CHARLES E. WARE, *Rec. Sec'y*.

On motion of Dr. W. J. Dale, it was voted that these Resolutions be entered on the records of the Society, that a copy of them be transmitted to the families of the deceased, and that they be published in the Boston Medical and Surgical Journal.

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*Recuperative Powers of the Burmese.*—Dr. Palmer, of the East India Company's service, recently arrived in Boston from Calcutta. He was surgeon in the Burmese war still raging, and was at the taking of the great city of Prome by the British, last autumn. Dr. P. stated a curious fact, the other day, illustrative of the recuperative powers of those people. Like the Chinese, they seem to recover from wounds that would be fatal to almost any other race of men. A married woman with one child, being upon her hands and knees while crawling under the awning of a boat, was shot with a ball which entered her body about an inch from the right side of the anus. In about half an hour after, the ball was discovered on the right side of the navel, imbedded in the loose structure, and after some difficulty was extracted. In its course it had penetrated both the bladder and uterus. A bloody discharge, mixed with urine, flowed freely from the wound for three or four days, when it ceased altogether. Little or no inflammation ensued, no antiphlogistic measures were adopted, and although the unfortunate patient suffered violent pains the two first days, Dr. Palmer kept her quiet with chloroform, and in three weeks she was restored to perfect health.